

Application No.	Applicant(s)	icant(s)						
10/006,717	ABE, KOICHIRO							
Examiner	Art Unit							
Roz Maiorino	3763							

	IIGINAL	- 18	SSUE C	LASSII	CATI	ON							
CLASS	SUBCLASS	CLASS	CROSS REFERENCE(S)										
29	240	215	SUBCLASS (ONE SUBCLASS PER BLOCK)										
COLUMN TOWNS OF THE PARTY OF TH	L CLASSIFICATION	205	366										
A 6 1 M	5/00	29	426.5										
A 6 1 M	5/32	604	192	263	187								
3 2 3 P	19/00				10,								
6 1 J	1/00												
4 4 B	9/12												
(Assistan	t Examiner) (Date	9/24/09 30/04 ate)	Supervi	HOLAS D. L SORY PATE	Total Claims Allowed:  O.G. O.  Print Claim(s) Print								
Claims ren	umbered in the sa	ame order	as present	ed by appli	cant 🔲	CPA	T.D.	☐ R.1.4					

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144	claims r	enumbe	red in t	he san	ne orde	ited b	y appli	icant	П	☐ CPA ☐ T.D.																	
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